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PTO/SB/21 (08-03)

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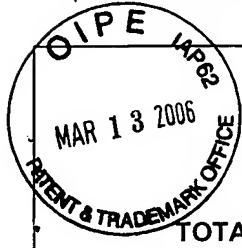
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	10/630,261	
	<b>Filing Date</b>	July 30, 2003	
	<b>First Named Inventor</b>	Syed F.A. Hossainy	
	<b>Group Art Unit</b>	1615	
	<b>Examiner Name</b>	Casey Shea Hagopian	
<b>Total Number of Pages in This Submission</b>	7	<b>Attorney Docket Number</b>	50623.276

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Response To Office Action	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Amendment Transmittal Letter	<input checked="" type="checkbox"/> Request for Continued Examination Transmittal (RCE) (1 page) (in duplicate)	<input type="checkbox"/> Statement of Common Ownership (1 page)
<input type="checkbox"/> Statement of Common Ownership	<input checked="" type="checkbox"/> Fee Transmittal (1 page) (in duplicate)	<input type="checkbox"/> Request for Status of Application
<input checked="" type="checkbox"/> Petition for Extension of Time (2 months)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other:
<input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 citing ___ References	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Express Mail Label No. EV 687137947 US	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigan, Reg. No. 44,826
Signature	
Date	March 13, 2006

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in a box addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: March 13, 2006			
Typed or printed name	Rebecca M. Klits		
Signature		Date	March 13, 2006

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## FEE TRANSMITTAL

## TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **\$1,240.00**

## Complete if Known

Application Number	10/630,261
Filing Date	July 30, 2003
First Named Inventor	Syed F.A. Hossainy
Group Art Unit	1615
Examiner Name	Casey Shea Hagopian
Attorney Docket Number	50623.276

## METHOD OF PAYMENT

## 1. The Commissioner is hereby authorized to:

- ☒ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.<sup>†</sup>
- ☐ Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: 07-1850

Deposit Account Name: Squire, Sanders &amp; Dempsey

A Duplicate Copy of this authorization is attached

2. ☐ Payment Enclosed:  
☐ Check ☐ Other

## FEE CALCULATION (fees effective 10/1/01)

## 1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1011/\$300	2011/\$150	Utility Filing	<input type="text"/>
1017/\$200	2017/\$100	Design Filing	<input type="text"/>
1014/\$300	2014/\$150	Reissue	<input type="text"/>
1005/\$200	2005/\$100	Provisional Filing	<input type="text"/>
SUBTOTAL (1)			<b>(\$ 0)</b>

## 2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
1202/\$50	2202/\$25	Claims in excess of 20
1201/\$200	2201/\$100	Independent claims in excess of 3
1203/\$360	2203/\$180	Multiple dependent claim

110/\$18	210/\$9	Reissue claims in excess of 20 and over original Patent
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## 3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1051/\$130	2051/\$65	Surcharge - late filing fee or oath	<input type="text"/>
1052/\$50	2052/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="text"/>
147/\$2,520	147/\$2,520	For filing a request for reexamination	<input type="text"/>
1251/\$120	2251/\$60	Extension for response within first month <sup>†</sup>	<input type="text"/>
116/\$450	2252/\$225	Extension for response within second month <sup>†</sup>	<b>450</b>
1253/\$1,020	2253/\$510	Extension for response within third month <sup>†</sup>	<input type="text"/>
1254/\$1,590	2254/\$795	Extension for response within fourth month <sup>†</sup>	<input type="text"/>
1255/\$2,160	2255/\$1,080	Extension for response within fifth month <sup>†</sup>	<input type="text"/>
1401/\$500	2401/\$250	Notice of Appeal	<input type="text"/>
1453/\$1,500	2453/\$750	Petition to revive unintentionally abandoned Application	<input type="text"/>
1501/\$1,400	2501/\$700	Utility Issue Fee (Or Reissue)	<input type="text"/>
1502/\$800	2502/\$400	Design Issue Fee	<input type="text"/>
122/\$130	122/\$130	Petitions to the Commissioner	<input type="text"/>
123/\$50	123/\$50	Petitions related to provisional applications	<input type="text"/>
1806/\$180	1806/\$180	Information Disclosure Statement	<input type="text"/>
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809/\$790	2809/\$395	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
1801/\$790	2801/\$395	Request for Continued Examination (RCE)	<b>790</b>
Other fee (specify):			<input type="text"/>
Other fee (specify):			<input type="text"/>
SUBTOTAL (3)			<b>(\$1,240)</b>

(Col. 1)	(Col. 2)	(Col. 3)	Fee	Fee Due
For	No. of Existing Claims	Highest No. Previously Paid For	Extra**	
TOTAL	minus* 20	or	= 0	x \$50 = \$0
INDEP	minus* 3	or	= 0	x \$200 = \$0
[ ] First presentation of multiple dependent claim				

\* Subtract the greater number of Col. 2

\*\* If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) **(\$0)**

## SUBMITTED BY

Typed or Printed Name **Cameron K. Kerrigan**

## Complete (if applicable)

Reg. Number **44,826**

Signature

Date

**March 13, 2006**